

Application #

Initial Application Date: 7/8/2021 CU#_ COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Central Permitting Fax: (910) 893-2793 www.harnett.org/permits **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** LANDOWNER: True Homes LLC Mailing Address: 2649 Brekonridge Centre Dr State: NC Zip: 28110 Contact No: 704-238-1229 city: Monroe Email: ajones@truehomesusa.com APPLICANT*: True Homes LLC/Ashley Jones Mailing Address: 2649 Brekonridge Centre Dr City: IVIOI ITOE State: NC Zip: 28110 Contact No: 252-373-9864 Email: ajones@truehomesusa.com City: Monroe Phone #(252)373-9864 CONTACT NAME APPLYING IN OFFICE: Ashley Jones ADDRESS: WALKER GROVE LANE, Lillington, NC, 27546 PIN: DEED OR OTP: PROPOSED USE: SFD: (Size 50 x 46) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): Garage: Deck: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Mod: (Size x) # Bedrooms # Baths Basement (w/wo bath) Site Built Deck: Garage: (Is the second floor finished? () yes () no Any other site built additions? () yes () no TW (Size x) # Bedrooms: Garage: site built? Manufactured Home: SW DW Duplex: (Size x) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: _____ Closets in addition? (☐) yes(∐) no Addition/Accessory/Other: (Size Existing Well New Well (# of dwellings using well ____) *Must have operable water before final ed to Comp New Well Application a same time as New Tank) Expansion Relocation Existing Septic Tank (Complete Environmental Health Checklist on other side of application if Septic) Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (___) yes (___) no Does the property contain any easements whether underground or overhead \checkmark yes Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes:_ If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. shley Jones 7/8/2021 Signature of Owner or Owner's Agent Date ***It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.*** *This application expires 6 months from the initial date if permits have not been issued**

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